

CERTIFICATE OF TRANSMISSION NOV 07 2005

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE UNITED STATES
PATENT AND TRADEMARK OFFICE, FAX NO. 571.273.8300 ON 7 November 2005.

NAME OF PERSON SIGNING CERTIFICATE: Shirley B. StrainSIGNATURE: Shirley B. Strain

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 37794-0032

In re patent application of:
Peter K. Law

Confirmation No.: 5167

Serial No.: 09/986,344

Art Unit: 1632

Filed: November 18, 2001

Examiner:

For: MYOBLAST TRANSFER THERAPY FOR RELIEVING PAIN AND FOR TREATING
BEHAVIORAL AND PERCEPTIVE ABNORMALITIESAMENDMENT AND RESPONSE UNDER 37 C.F.R. 1.111Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This amendment responds to the final office action mailed May 24, 2005, for the above-captioned application.

Applicant petitioned for a two-month extension of time and provided notice for an appeal, with the requisite fees on October 24, 2005.

Entry of amendments, reconsideration and allowance are solicited.

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